. 300	THE DIVISION OF HEALTH OF MISSOURI FILED JUL 8 - 1955 STANDARD CERTIFICATE OF DEATH State File No								18803
. 48	BIRTH NO. 3 /8		REG. DIST.		PRIMARY REG.	DIST. NO	Regis	trar's No	2625
·	a. COUNTY bhe		Mercy 50	exital	a. STATE	RESIDENCE Missour	(Where deceased liv b. COU	ed. If instit	ution: residence before
۵	b. CITY (If outside co OR TOWN	sas hu	RURAL and give township)	E. LENGTH OF STAY (in this place 34 days	c. CITY OR TOWN	Hale		d. Is Resid a city of Yes	rincorporated town?
RECORD	d. FULL NAME OF HOSPITAL OR INSTITUTION 2				STREET	none	i, give location)	<u> </u>	D 1/1
- 1	3. NAME OF DECEASED (Type or Print)	a. (First)	d 6	(Midule)	C. (Las	si) cks .	4. DATE OF DEATH	(Month)	(Day) (Year) 19 1955
ANE	M.	COLOR OR RACE	never me		8. DATE OF BI	irth ? <i>7- 55</i>	9. AGE (In year last birthday)		
PERMANENT	10a. USUAL OCCUPATION done during most of work	ing life, even if retired)		BUSINESS OR IN- DUSTRY	11. BIRTHPLAC	CE (City and St	ate or Foreign Cour	ntev) 4 1	2. CITIZEN OF WHAT COUNTRY?
▼	13a. FATHER'S NAME William	Louce	le En	other's maiden	Sparke	2		one	
-МАКЕ	i5. WAS DECEASED EVI (Yes. no. or unknown) (I			OCIAL SECURITY, NO.	Willia	mLoue	NATURE OR N.	AME Yale,	Mo.
INE	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (e). 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CONGENITY WITH TRICUSP:								INTERVAL BETWEEN ONSET AND DEATH
ACK	*This does not mean the mode of dying, such	ANTECEDENT C	as if any, oleina DU	_	+TRANSP	6 CA 6 FT. 20	۴ ۷≘۶۶ وب2		
G BL	as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	the underlying co	DUE TO (c)					ί,.	
UNFADIŅG	tion which caused death.	Conditions contr related to the dire	FICANT CONDITIO ibuting to the death bu ase or condition caus	it not ing death.	ECTASIS OF LEFT LUNG				7547
UNE	19a. DATE OF OPERA- TION	<u> </u>	IDINGS OF OPERAT		(<u> </u>	20. AUTOPSY?
USING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJU- home, farm, factory, st	reet, office bldg., etc.)		WN, OR TOWNSH		UNTY)	(STATE)
	21d. TIME (Month) OF INJURY		TH. WHILE AT WORK	AT WORK		INJURY OCCUR?			
PLAINLY	22. I hereby certify alive on $\angle -$	<u>19 .,</u> 19 <u>5</u>	5, and that dec	ith occurred at	<u> 395 P</u> m.,	o <u>6 - 7</u> from the cause	, 19 <u>55,</u> ti es and on the d	hat I last ate stated	above.
- 11	23a. SIGNATURE 24a. BURIAL CREMA	~ / Co	any	(Degree or title)	1710	Indep BY 124d LOO	aney	C.Ma	23c. DATE SIGNED 6-20-5-5
WRITE	24a. BURIAL EREMA HON, REMOVAL (Budis DATE REC'D BY LOCAL	6-20	-55	NAG OF CEMEIEN		1 24	SI GNATURE	n, or county	7) (State)
<u> </u>	6-20-55		mina	nsed Embalmer's	Ha	le ma	ntuary	Ha	le, mo

STATEMENT BY LICENSED EMBALMER

:	I hereby certify that the body whose name is recorded on the reverse	sid	e of	this	certific	ate wa	s emb
by me	, or by	., S	tude	nt Ei	nbalme	r No	
workin	ng under my personal supervision						

Student.....Signature of Student Embalmer

P. O. Address

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Face) to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.